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curves of gonorrhea and syphilis in the single females likewise correspond in their general trend to those in the single males.

Since the ratio of venereal infections between the single and the married males is about 2 to 1 (see Figs. I–II), and this ratio is reversed among the females, one might conclude that if a man would lessen his chance of venereal infection he should marry, but if a woman would lessen hers she should not marry. This conclusion is not warranted, but this analysis does indicate that there is needed some procedure which will tend to prevent the marriage of persons suffering from a venereal disease in an infectious stage.

It may also be concluded that if venereal disease control is to be made effective, physicians must be induced to discover, whenever possible, and include in the data reported to the State department of health, the specific source of the particular infection. Without disclosing the name of the patient who is reported, the State department can turn over to the local board of health having jurisdiction the name of the person given as the source of infection. This person may then be induced by the local health officer to seek physical examination and treatment. This should prove an effective means of bringing under treatment especially those women who do not now seek treatment for gonorrheal infections.

NOTE ON COOPERATIVE RURAL HEALTH WORK IN DUBUQUE COUNTY, IOWA.

In the report of the director of health (Field Agent D. C. Steelsmith, United States Public Health Service) of Dubuque County, Iowa, for the month of August, 1922, it is noted that no deaths among infants or of children under 4 years of age were reported during that month in the registration district of Dubuque County, comprising the city of Dubuque and three rural townships. This is a remarkably good record for a summer month for a population of 40,000 almost entirely urban, between 38,000 and 39,000 being in the city and the remainder in the rural sections of the registration area. The director attributes this excellent showing principally to the improvement in the sanitary quality of the milk supply, brought about largely since the cooperative health unit was established in the county in May, 1921.

There were 29 deaths in the district during the month, giving an annual death rate of only 8.5 per 1,000 population. Seven deaths occurred in the age group 50–60; 6 deaths in the age group 60–70; and 5 deaths in the age group 70–80. Ninety-five births were reported in the district during the month, giving an annual birth rate of 27.9 per 1,000 population.

The health activities of the cooperative unit during the month included sanitary inspections, food and drug inspections, tuberculin tests of cows, child hygiene work, laboratory examinations, installations of sanitary privies, and the improvement of water supplies.

THE DEPOPULATION OF RUSSIA.

Some conception of the extent to which Russia has been depopulated in recent years is conveyed in an article on the subject appearing in the "Epidemiological Intelligence" No. 4, September, 1922, published by the health section of the League of Nations. The figures are taken from recent articles published in Russia—one by M. W. Mikhailovsky, director of the Central Statistical Office, in the third Russian census publication; the other by Dr. A. N. Syssin, of the epidemiological section of the People's Health Commissariat.

Doctor Syssin gives the official total population of Russia and all federated republics and territories as 131,546,000, distributed by administrative divisions as follows:

1. European Russia:	
(*a*) 42 governments	60, 164, 000
(*b*) 8 autonomous territories	6, 322, 000
2. White Russia	1, 634, 000
3. The Ukraine (12 governments)	26, 002, 000
4. Crimea	762, 000
5. North Caucasus and the Don area (4 governments and 1 territory)	6, 851, 000
6. South Caucasus (4 republics)	6, 482, 000
7. Siberia (9 governments)	9, 258, 000
8. The Kirghiz Republic (6 governments)	5, 058, 000
9. The Turkestan Republic (6 territories)	7, 201, 000
10. The Far-Eastern Republic (4 districts)	1, 812, 000

The disproportion of the sexes, especially in the rural districts, is highly significant. The sex distribution is given as follows:

	Male.	Female.	Total.
Urban	9, 788, 000	10, 904, 000	20, 692, 000
Rural	51, 241, 000	59, 613, 000	110, 854, 000
Total	61, 029, 000	70, 517, 000	131, 546, 000

M. Mikhailovsky bases his study on data for European Russia, Northern Caucasus, Siberia up to the Baikal Sea, the Kirghiz Republic, and two governments of the Ukraine. He finds that in this area the population has declined from 102,793,000 in 1914 to 90,790,000 in 1920 (excluding the army, which was then estimated at 3,000,000 men), a decrease, including the army, of nearly 10 per cent. Instead of this decrease of 9,000,000 inhabitants, there would have